

TAMARACK INDUSTRIES CREDIT APPLICATION

Contact:

Email:

1. DETAILS OF TRANSACTION						
Date	Terms in Months	Equipment				
Invoice Amount						
Less Deposit						
Amount to be Financed						
2. COMPANY HISTORY						
Full Legal Name			Can we contact the customer? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Operating Name			<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated/Limited			
Physical Address *** Required if address is a RR or P.O.Box #			Federal Tax ID / EIN			
Mailing Address			Contact			
City	State / Province	Zip / Postal Code	Phone #			
Email Address			Years in Business			
*****Note: If in business less than 3 years under current name, or sole Proprietorship, please complete below						
Principals	Name	Social Insurance Number		Date of Birth		
	1.			MM	DD	YY
2.				MM	DD	YY
3. MAJOR TRADE REFERENCES						
Trade Name		Phone		Contact name		
Trade Name		Phone		Contact Name		

I/We, the applicant, principal and/or guarantor, consent to:

- the collection, use and disclosure of personal information for the purposes of credit adjudication by the lessor and its funders and to enable the Lessor and its assignees to provide leasing services and
- the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application

Verbal Consent ****NOTE for all applications requiring personal data, the applicant must sign this form, or if taken via telephone the above consent statement must be read to applicant and their verbal consent must be obtained.

Signature of Applicant: _____ Date _____